

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040360

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 15 1963

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Carthage

Length of stay in 1b  
78 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION McCune-Brooks Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo b. COUNTY Jasper

c. CITY OR TOWN Carthage Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
403 E 4th, Carthage Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
McDANIEL (Mac) LOGAN

4. DATE OF DEATH Month Day Year  
November 7 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-10-1885

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Deputy Recorder

10b. KIND OF BUSINESS OR INDUSTRY

Office Work

11. BIRTHPLACE (City and state or country)

Carthage, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wm. R Logan

13b. MOTHER'S MAIDEN NAME

Julia M Sennet

14. NAME OF HUSBAND OR WIFE

Jennie E Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Carthage, Mo  
Mrs. Frances Logan 1800 S Main

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Nephritis Chronic

INTERVAL BETWEEN ONSET AND DEATH

3 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Kidneys

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 30, 1960, to Nov 7, 63 and last saw him alive on Nov 7 '63  
Death occurred at 2 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

George H. Wood M.D.

22b. ADDRESS

Carthage Mo

22c. DATE SIGNED

11/7/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

11-9-1963

23c. NAME OF CEMETERY OR CREMATORY

Newcomer Crematory

23d. LOCATION (City, town, or county)

Kansas City Jasper Co Mo

24. FUNERAL DIRECTOR

ADDRESS

Knell Mortuary Carthage, Missouri

25. DATE RECD. BY LOCAL REG.

11-8-63

26. REGISTRAR'S SIGNATURE

W. J. Clinton

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.